

<b>Case Number:</b>	CM14-0176180		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	06/26/1999
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 65 year old male who sustained an industrial injury on 6/29/1999. The mechanism of injury has not been provided with the clinical documentation submitted for review. The diagnoses have included lumbar disc displacement status post anterior and posterior fusion (2004), failed back syndrome, bilateral knee pain rule out meniscal tear, headaches and psychological issues. Treatment to date has included anterior and posterior fusion of the lumbar spine. Currently, the IW complains of persistent low back pain rated as a 5/10. Objective findings include decreased range of motion of the lumbar spine. There is tenderness over the paraspinal muscles bilaterally. Kemp's test is positive bilaterally. Straight leg test is positive on the right at 70 degrees to the posterior thigh. The provider noted that he was awaiting authorization for lumbar spine MRI and lower extremity electrodiagnostic testing. On 9/24/2014, Utilization Review non-certified a request for EMG (electromyography)/NCV (nerve conduction studies) of the bilateral upper and lower extremities noting that the clinical findings do not support the medical necessity of the treatment. The ACOEM Guidelines were cited. On 10/23/2014, the injured worker submitted an application for IMR for review of EMG/NCV of the bilateral upper and lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**EMG for the left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** Regarding the request for EMG, CA MTUS states that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, there are physical examination findings supporting neurologic dysfunction. However, the provider is also awaiting a lumbar spine MRI, the results of which may obviate the need for more invasive testing such as EMG. In light of the above issues, the currently requested EMG is not medically necessary.

**NCV for the left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Electrodiagnostic Studies

**Decision rationale:** Regarding the request for NCV, CA MTUS does not specifically address the issue. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no physical examination findings suggestive of peripheral neuropathy to support the need for NCV testing. In the absence of such documentation, the currently requested NCV is not medically necessary.

**NCV for the right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Electrodiagnostic Studies

**Decision rationale:** Regarding the request for NCV, CA MTUS does not specifically address the issue. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no physical examination findings suggestive of peripheral

neuropathy to support the need for NCV testing. In the absence of such documentation, the currently requested NCV is not medically necessary.

**EMG for the right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** Regarding the request for EMG, CA MTUS states that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, there are physical examination findings supporting neurologic dysfunction. However, the provider is also awaiting a lumbar spine MRI, the results of which may obviate the need for more invasive testing such as EMG. In light of the above issues, the currently requested EMG is not medically necessary.